WRITE

1. PLACE OF DEATH	25
County Somersel	Registration Dist. No. 240
Village or City Princes anne	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
1/2 4-12	do not long in o. o. n of follows in this:
2. FULL NAME Henry & Barner	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Dey) (Ner)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Mannue Barnes	22. I HEREBY CERTIFY, That I attended decesed from
6. DATE OF BIRTH (month, day, end yeer) Arely 2.5. 1862	I last saw h elive on, 19; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm
76 18 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Julius morreusons)
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	4,
this occupation (month and) year) spent in this lufe occupation	<u></u>
12. BIRTHPLACE (city or town) Kangs, Carles. (State or country) Market and	Other Contributory Causes of importence:
13. NAME Osiac Barnes	
13. NAME SEE BANNES 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an eutopsy?
16. BIRTHPLACE (city or town) Kny Cycles.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Kny Cules.	Accident, suicide, or homicide? Dete of injury, 19
State or country) may lond	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Charles Langford (Address) Formone city Ind.	- Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CEMENETY	Manner of injury
Place Prespecterson Com Date May 3 Il 1931	Neture of injury
19. UNDERTAKER Dale Dashell (Address) Princess Cimple Will.	24. Wes disease or injury in eny wey related to occupation of deceased?
2 27 27 2	(Signed) A Small 3 M.D.
20. FILED 2. 2. 19. Registrat.	(Address) Corners line nu

If more blanks are needed, address State Registrar, 2411 N. Charles Speet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. 3.	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:	May 1,1923	Other contributory causes of importance:	
Gaustones		May 1,1925	Gusa venter tus	1 year

County	Som en	et		Registration Dist. No. 2—7 0
	Side For Side State Stat	1:01		
Village or (City Crus	/ SINO	(1)	NoSt.,Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of res	Idence In city or town where	death occurred		s. 2 ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NA	ME Dal	4 931	abe	If U. S. Veteran, specify WAR
(a) Resider	no No Mak	ion		St. Ward.
(a) nesidei	100.110.	(Usual place	of abode)	If nonresident give city or town and State
PERSON	AL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH
m	W	Suis	D (write the word)	(Month) (Day) (Mar)
5a. If married, widow	ved, or divorced			(month) (bay) (fear,
HUSBAND of (or) WIFE of	non	u		22. HEREBY CERTIFY, That I attended deceased t
		γ_{M} .		May 15, 1937, to may 15, 197
	(month, day, and year)	May	13-37	i last saw harman alive on 1937; death is
7. AGE Yes	ars Months	Pays	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
		12	ormin,	were as follows:
8. Trade, profe	ssion, or particular work done, as SPINNER, , BODKKEEPER, etc	non	2	704
SAWYER 9. Industry or	, BODKKEEPER, etc business in which			Monstrasty
work wa	s done, as SILK MILL, LL, BANK, etc			
	ed last worked at pation (month and	11. Total	time (years)	
year)	pation (month and		ent in this upation	
12. BIRTHPLACE (ci	trartown Cris	field		Other Contributory Causes of Importance:
(State or cou	.,,	-y-780.00	md	
13. NAME	Teorge 7	7 738	alex	
13. NAME	(aity or town)	Fairm	ment	Name of operation Date of
(State of	country)		mel.	Name of operation Date of Was there an autopsy?
15. MAIDEN NA	ME Mina	Mas.	March	
		why	· cha	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
(State of	(city or town) country)	1.1900	mid.	Where did injury occur?
	Gener	21 7/3	O-la	(Specify city or town, county and State)
(Address)	Jan Cyx	the state of	canx	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
()	TIDN, DR REMDYAL	744		Manner of Injury
18. BURIAL, CREMAT	wate Hay	My Date MG	ry 15, 1932	- Nature of Injury
18. BURIAL, CREMAT		er)	h D	
Place L2	1 2 10	191 - 1		
Place LS	John a	Mal	shaw	24. Was disease or injury In any way related to occupation of deceased?
Place L2	John a	Grad	Shaw Jud	If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 CFIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 7 1937			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	5655
county domerset	Registration Dist. No. 260
Village or City Revelle Neck (If Length of residence in city or town where death occurredyrsmos.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME alfred Co. Borma	en,
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward) Married.	21. DATE OF DEATH (Month) (Day) (Day) (Deer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Lyda Bormen	22. I HEREBY CERTIFY, That I attended deceased from ,19,10
6. DATE OF BIRTH (month, dry, and year) guly 28, 187/	I lest saw h; death is said
7. AGE Years Month! Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Date of onset
SAWYER, BOOKKEEPER, etc. + armer	Day remoles; Chronic, D.
SAW MILL, BANK, etc	A Drivistian: 3 or 4 garnes Culsing
this occupation (month and occupation life	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Mullis leek. (State or country) Maryland.	Certino Seleson
13. NAME Clara Boyman. 14. BIRTHPLACE (city or town) Redella reck	
14. BIRTHPLACE (city or town) Refeells neck (State or country) manyland	Name of operation Data of Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Frances & Brewengton	23. if deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Frances & Brewlington 16. BIRTHPLACE (city or town) Refalls nech (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. A. Landen (Address) Revella neck. Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Pareliss ame Lord, Data May 26 1937	Manner of Injury
19. UNDERTAKER Dale Dashiell	Neture of injury 24. Wes diseesa or injury in any way releted to occupation of deceesed?
20. FILED V/2V-, 1937 9 Samel	(Signed)
Registra.	(Address) / Veneus Um Dus

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. If of foreign birth? ______yrs._____mos.__ 2. FULL NAME (a) Residence: No. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY! That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and/yeer) 7. AGE Years Months Davs If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME FATHE 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOV Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	ample I		Example 11	
The principal cause of deat of importance were as follo	WS:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 5 193	July 5, 1927	Peritonitis	3 days ago
3	BUREAU V.	S.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

2		Rachel A	lice Br	cadshaw	ds. How long In U.S. If of foreign birth?mos. If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and St
	PERSONAL AI	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. S		OR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Many 7
5a.	If married, widowed, or div HUSBAND of (or) WIFE of		radshaw	Į.	22. I HEREBY CERTIFY, Thet I attended de
6. I	OATE OF BIRTH (month, dage Years	ay, and year) Months	Nov 4	1864 If LESS than I dey, hrs.	to have occurred on the date stated above, at
12.	SAW MILL, BANK, Do Date deceased last we this occupation (management of the second of	orked at ? onth end	Island	time (years) 🤊 entin this cupation	Other Cantributory Canses of Importance:
2		John Tyl			
FATHER	14. BIRTHPLACE (city or (State or country)	town) Smit Mar	h Islan vland	ıđ	Name of operation Oate of What test confirmed diagnosis? Was there en eu
MOTHER	15. MAIOEN NAME 16. BIRTHPLACE (city or (State or country)	town) Smi	Evans th Isla yland	nd	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
	INFORMANT(Address)	200 000 70		an Md	(Specify eity or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLAC
19.	BURIAL, CREMATION, OR		7/1	ay 437	Manner of Injury

V. S. No. 1

A MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state	of OCCUPA.	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	•
EXACTLY.	classified. E	e.
stated 1	properly	TION is very important. See instructions on back of certificate.
be	be	of
plnods	it may	on back
AGE.	so that	ctions
upplied	terms,	e instru
fully s	n plain	nt. Se
se care	ATH in	mportal
hould	OF DE	very i
mation should be carefu	CAUSE	TION is

STATE OF MARYLAND-CERTIFICATE OF DEATH

5658

1. PLACE OF DEATH			49.1
County Somerset			Registration Dist. No. 270
Village or City Crisf	ield	(10)	ND. McCready Memorial Hospital Ward feath operated in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where d	aath occurrad	yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ruby E	lla Brad	lshaw	If U. S. Veteran, specify WAR
(a) Residence: No. Smit	h Island (Usual place of		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE W	5. SINGLE, MARR OR DIVORCED Marrie	(write tha word)	21. DATE OF DEATH May R6 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cu	rtis Br	adshaw	22. I HEREBY CERTIFY. That I attended deceased from 24, 1937, to 26, 1987
6. DATE OF BIRTH (month, day, and year)	pril 18	1905	I last saw h Qu alive on my 26 1927; death is said
7. AGE Years Months	Days 8	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	93711. Total tip	ewife	
12. BINIMPLACE (City of town)	th Islamuryland	nd	Dther Contributory Causes of importance: Mule pures P. overy V office.
置 13. NAME Pete	r Marsh		Y
Q 17, DINTIN LOOK (CITY OF COMIT)	th Isla	nd	Name of operation / June 127 What test confirmed diagnosis?
# 15. MAIDEN NAME Ir€	ne Hall		23. If death was due to external causes (VIOLENCE) fill In also the following:
	merset ryland	County	Accident, suicide, or homicide?
II. INCOMMINIT	is Brad ith Isl		Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Piaca Smith Island	DateM	ay 2819 3	Mannar of injury
19. UNDERTAKER DAM J	lago	how	24. Was diseasa or injury in any way related to occupation of dacaased?
20. FILED May 28 1937 D	666	Registrar.	(Signed) Cuelling M. D. (Address) Anna D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis RECEIVED	16	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 7 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECALD. Every item of infor-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAILLY, WITH

V. S. No. 1

1. PLACE OF DEATH	<i>t</i> .	(180)	Desighantian Dist. 11	261
Village or City mano	n mo	No.	Registration Dist. No	St., Wa
		death occurred in a hospital or institution	n, give its NAME instead of stre	eet and number)
Length of residence in city or town where deet	occurred - yrsmos	sds. How long in U.S. If of fe	oreign birth?yrs	mos
2. FULL NAME Colinia	mile sy	If U. S. Veteran, sp	ecify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or to	wn and State
PERSONAL AND STATISTICA		MEDICAL CE	RTIFICATE OF DEA	
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
half Cul.	OR DIVORCED (write the word)	27	(Month) (Oey)	, 193 (Year)
e. If merried, widowed, or divorced		22. I HEREBY	CERTIFY, That 1 at	Itended deceased f
(or) WIFE of			9, to	
. DATE OF BIRTH (month, day, and year)	6 1912.	I last saw h elive on	, f	9; death is :
. AGE Years Months	Oays If LESS than	to heve occurred on the date stated a		
25.	15 f dey,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	end related causes of importen	Date of on
8. Trade, profession, or particular kind of work done, as SPINNER,		0		01
SAWYER, BOOKKEEPER, etc		mylly du	man Q	1,70
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9-Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at	un	- Anua		- Tr
The constraint (month one	11. Total time (years) spent in this			
year)	ocsupation	Other Contributory Causes of importe	ince:	
2. BIRTHPLACE (city or town)				
1 -/	212			
13. NAME Recury Pory 14. BIRTHPLACE (city or town) - M. State (State or country)	m md	Name of operation	Os	ete of
(State or country)		What test confirmed diagnosis?		
15. MAIDEN NAMERORS	neles	23. If death was due to external cause		
16. BIRTHPLACE (city or town))	Accident, suicide, er homiside?	Date of injury.	my 2019 3
(State or country)		Where did injury occur? 750.34	(Specify city or town, county	and State)
7. INFORMANT Alexander (Address)	uderan	Specify whether injury occurred in 1	NOUSTRY, In HOME, or In PUB	BLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	- 4/1	Manner of Injury		***************************************
Place 1 parenegul	161 91 V 193	Nature of injury		
9. UNDERTAKER Ald Mar (Address) Mar	lahinage	24. Wes disease or injury in any wey If so, specify	related to occupation of decease	sed?
0. FILED 5/31,137 Gur	lea 18 fawson	(Signed) Tenny 1. 1	5. 6 oullin	

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Chronic interstitial nephritis A 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUMEAU	الله		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year

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1. PLACE OF DE		-7		Teo Designation District 2 6	1	
				Registration Dist. No. 26		
Village or City	namo	<i>1</i>		No. St., death occurred in a hospital or institution, give its NAME instead of street and numb	War	
Length of residence l	city or town where	death occurred	yrsmos	ds. How long in U. S. If of foreign birth?yrsmos	d	
2. FULL NAME	isther	Bur	٨.	If U. S. Veteran, specify WAR		
(a) Residence: No	~	um m	. 0	St. Ward.		
(a) Nesidence. No	•	(Usual place		If nonresident give city or town and State	:	
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
	LOR OR RACE		RfED, WfDOWED, D (write the word)	21. DATE OF DEATH may (Month) (Day)	7 (Year)	
a. If married, widowed, or of HUSBAND of (or) WIFE of	livorced			22. I HEREBY CERTIFY, That I attended dece		
6. DATE OF BIRTH (month,	1	012. 1	915			
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at		
22	2		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	te of onse	
8. Trade, profession, o kind of work do SAWYER, BOOK	r particular ne, as SPINNER, KEEPER, etc			Reduced		
9. Industry of Dusines work was done,			n	Burned		
Date deceased last	worked at	11. Total t spe occ	ime (years) nt in this upation			
12. BfRTHPLACE (city or to (State or country)	vn) md.			Other Coatributory Causes of Importance:		
f3. NAME Nec	un Bi	nd				
14. BIRTHPLACE (city of		d.		Name of operation		
×	200	One Pe		What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME	saus.	mile	0	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city of		4		Accident, suicide, or homicide? Date of injury Where dld Injury occur?	, 19	
17. INFORMANT AMERICAN THE CARREST THE CAR				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
				Manner of injury Browning & dealt - En Lo	1000	
19. UNDERTAKER	o This	Tellighe	and	24. Was disease or injury In any way related to occupation of deceased?	2 48	
20, FILED 5/3/	137 au	elia 13	ausou Registrar.	(Signed) PCV Coullings.	M	

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1	Example II		
Pate of onset	of importance were as follows:	Date of onset	
1915	Attack of cpilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
The second secon	July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy 1921 Run over by street car Puly 5, 1927 Peritonitis Other contributory causes of importance:	

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tement of	2
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lassified.	5e.
properly c	6. D
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.	3. S 5e. 6. I 7. J 17. 18. 19. 19.
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plain terms t. See insti	FATHER
ATH in pl portant.	MOTHER
OF DEA	17.
AUSE (19.
OH	

STATE OF	MARYL	AND-CE	RTIFICA	TE	OF	DEATH
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5860

Village or City C	1. PLACE OF DEATH	23
Village or City Length of residence in city or town where shath occurred	County Domersel	Registration Dist. No. 270
Length of residence in city or town where stath occurred. Length of residence in city or town where stath occurred. Length of residence in city or town where stath occurred. Length of residence in city or town where stath occurred. Length of residence in city or town where stath occurred. Mean in the following in U.S. If of foreign birth? Length of residence in city or town where stath occurred. May d. (a) Residence: No. (b) Length of residence in city or town and State of the city of the city of town and State of the city of the city of town and State of the city of town and State or country) Length of residence in city or town where stath occurred in a horpital or institution, give its NAME intended decease of the city of town and State or country) Length of residence in city or town and State or country and State or country) Length of resid		No. St., Ward
(a) Residence: No. (b) PERSONAL AND STATISTICAL PARTICULARS (c) STATE OF DEATH (c) OLOR OR RACE (c) SINGLE, MARRIED, WIOWED, OR DIVORCED (which the phonod) (d) Will married, widowed, or divorced (dr) Wife of (dr) Wife o		(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Cutsplace of boods Finance Fin	11.10 - D DA-	JSyrsmosas
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	2. FULL NAME Madelyne 1. 10 The	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3. SX 4. COLOR OR RACE OR DIVORCED (smit the pword) OR DIVORCED (smit the pword) OR DIVORCED (smit the pword) Or (milt be provided by the provided of the pword) Or (milt be provided by the provided of the pword) Or (milt be provided by the provided of the pword) 5. DATE OF BIRTH (month, day, and year) Or (milt be provided by the provided by the pword) Or (milt be provided by the pword) 5. DATE OF BIRTH (month, day, and year) Or (milt be provided by the pword) Or (milt be provided by the pword) Or (month)		
4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED Cymic the Woord) While Wh		
### A STRING College Control of the World of Williams of College Colle		
HUSBANO of (or) WIFE of WIFE	Truese While Married (mile the word)	May 3/ 1937
8. Trede, profession, or particular Rind of work done, as SPINNER, SAWYEE, BOOKEEPER, etc. 9. Midustry or business in which work was done, as SPINNER, SAWYEE, BOOKEEPER, etc. 10. Date decessed lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. BIRTHPLACE (city or town). (State or country) 18. BIRTHPLACE (city or town). (State or country) 19. 37. to May 19. 37. deeth to heve occurred on the date steted above, at 4. —	HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
AGE Yeers Months Oays If LESS than I day,	(or) wire or	
8. Trede, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town)	5. DATE OF BIRTH (month, day, and year) Nov 14 to 1918	Hast saw h 42 alive on the 13 2; deeth is said
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. moustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Onther Contributory Causes of importance: Was there an autopsyst 24. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Other Contributory Causes of importance: What test confirmed diagnosis? Was there an autopsyst Was there an autopsyst Accident, suicide, or homicide? Other Contributory Causes of importance: Oth		
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Other Centributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIOEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. MAIOEN NAME 20. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 21. Specify city or town, county and State)	9, Industry or business in which work was done, as SILK MILL.	Total 10th (15)
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(Specify city or town, county and State)		
17. INFORMANT Specify whether injury occurred in INOUSIRY, IN HOME, OF IN PUBLIC PLACE	More Il Bread La	(Specify city or town, county and State)
(Address)		Specify whether injury occurred in Thousant, in Home, or in Public PLACE.
8. BURIAL, CREMATION, OR REMOVAL Manner of Injury	Discourage of the contract of	Manner of Injury
Place astring Leusler Date June 27, 1937 - Nature of injury	Place Whery Leusley Date June 27, 1937	
12 of 93h. Ages	12 S. Sherton	
19. UNDERTAKER 24. Wes disease or injury in any wey related to occupation of deceased? 24. Wes disease or injury in any wey related to occupation of deceased? 24. Wes disease or injury in any wey related to occupation of deceased?		
1 22 / P. C. L. (Signed) S. Les - Carlons	1 - 22 / 0 6/- 10.	
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	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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12. BIRTHPLACE (city or town

13. NAME

17. INFORMANT

19. UNDERTAKER

20. FILED

(Address)

(Addrass

FATHER

MOTHER

(Stata or country)

14. BIRTHPLACE (city or town)
(State or country)

16. BIRTHPLACE (city or town) (Stata or country)

18. BURIAL, CHEMATION, OR MEMOVAL

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 5661
1. PLACE OF DEATH	
Village or City New Crusfield My Langth of rasidanca In city or town whera death occurred 1.7 yrs. mo	Registration Dist. No. 1 No. 1 St., Communication of the control
2. FULL NAME Wallice Slouley & (a) Residence: No. Musica Marie (Usual place of abode)	St., Ward. If u. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH Month) (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19.37, to 31. 19.3.7
6. DATE OF BIRTH (month, day, and year Al 80 /9 20	I last saw have alive on 22 , 19.2.7; daath is said to have occurred on the data stated above, at 10.0 m.
7. AGE Years Months Days If LESS than 1 day,hrs.	
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	acul De 7 Hent 1473,37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Shirels
10. Data daceasad last workad at 11. Total time (yaars)	

are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

occupation

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	ii.	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 7 1937	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstanes		May 1,1923	Gastraenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER S	STATEMENTS	BY PHYSICIAN	

	-CERTIFICATE OF DEATH 5662
1. PLACE OF DEATH	185
County Summert.	Registration Dist. No. 261
Village or City Musseria	No. St., Ware
Length of residence in city or town where death occurred	osds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Bernse Coustis	If U. S. Veteran, specify WAR
(a) Residence: No. The (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year).
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, end veer) Sust 19, 1929.	
DATE OF BIRTH (month, day, end yeer) Dept 17, 1929. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
9. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Burna
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business In which work was done, as SILK MILL, Deliver Self- SAW MILL, BANK, etc 10. Date deceased lest worked at 11. Totel time (years) spent in this	
10. Date decessed lest worked at this occupetion (month end year)	
Z. BIRTHPLACE (city or town) TOWN. (State or country)	Other Cantributory Causes of Importence:
13. NAME Janua Coustis	
14. BIRTHPLACE (city or town) The (State or country)	Neme of operation Dete of
(State of scanny)	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Silia Guello 16. BIRTHPLACE (city or town) or a graph (State or country)	23. If death wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
7. INFORMANT Aflessella Hudison (Address) mayor me.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, ORENATION, OR REMOVAL PIECE MALLEL LEGISLES (12), 193°	Manner of Injury 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
9. UNDERTAKER Des Wyghenauce (Addiess) Magripules Mig	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5/31 ,1937 Gurella / Fairson	(Signed) August outland. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Jun 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other centributery agger of importance	
*		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

E	13	10	.,	
U	0	0	3	

1. PLACE OF DEATH	(180)	
County Successed	Registration Dist. No. 26/	
	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.	
2. FULL NAME Cathering Custing		
(a) Residence: No. Marion Md (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Cal. Luyle.	21. DATE OF DEATH May (Month) (Dey) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	
Y	, 19, to, 19, 19	
6. DATE OF BIRTH (month, day, end year) & 22 / 1925	l lest saw h; death is sald	
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	12	
SAWYER, BOOKKEEPER, etc.	Burnes & death	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc.		
10. Oate deceased last worked at this occupation (month and year) occupation		
12. BIRTHPLACE (city or town) 722	Other Caatribatary Causes of Importance:	
1 0	-	
13. NAME James Courtes 14. BIRTHPLACE (city or town) MR.		
(14. BIRTHPLACE (city or town) (State or country)	Neme of operation Oete of	
	What test confirmed diagnosis? Wes there an autopsy?	
15. MAIOEN NAME X elia Pays.	23. If deeth was due to externel ceuses (VIOLENCE) fill In elso the following:	
15. MAIOEN NAME X LL By . 16. BIRTHPLACE (city or town) Rep. (State or country)	Accident, suicide, or homicide? Oate of injury, f9	
17. INFORMANT . Hewintle Andron	Where did Injury occur?	
18. BURIAL, CREMITION, OR REMOVAL Place Place 1997 193	Menner of Injury	
19. UNDERTAKER HED W Julyhunany (Address) Making With	24. Was disease or injury in any way related to occupetion of decessed?	
20. FILEO 5/3/, 1937 Gureles 18 Jawson Registrar.	(Signed) Decry 6. 6 oullnes. M. (Address) museum my 1.	

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage S.	July 5,1927	Peritonitis	3 days ago
BUSEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

THE UNFADING INK—THIS IS A PERMANENT RE

A.D. Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. LY, WITH

County Orices	1.	Registration Dist. No. 2	61
Village or City mas		NDSt.,St.,	Ward
Length of residence in city or town where	death occurred 30 yrs. / mos	death occurred in a hospital or institution, give its NAME instead of street and it. 25 ds. How long In U.S. If of foreign birth?	umber)
2. FULL NAME - Qui	en Count	If U. S. Veteran, specify WAR	
(a) Residence: No.	usion mad	St. Ward.	
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male. 4. COLOR OR RACE	5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193.7 (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of Selia C	ust	22. I HEREBY CERTIFY, That I ettended	
DATE OF BIRTH (month, day, and year)	es 5 1907	I lest saw h, alive on, 19	; death is said
AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trede, profession, or particular	, VI	Burnes & death	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc	loves	1	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
2. BIRTHPLACE (city or town)	P.	Other Contributory Causen of Importance:	
13. NAME on Cu	tus		
13. NAME Jone Custom 14. BIRTHPLACE (city or town) One (State or country)	d.	Name of operation Date of What test confirmed diagnosis? Was there an	u!opsv?
15. MAIDEN NAME Celia	Bysh	23. If death wes due to external causes (VIOL ENCE) fill in elso the following	:
15. MAIDEN NAME Cla Bys 16. BIRTHPLACE (city or town) Side (State or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
7. INFORMANT Hemsella	Hudson	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE.
8. BURIAL EXEMATION, OR REMOVAL Place Place Place Manuele	ugate lefy 1937	Manner of injury Armer Comments	
9. UNDERTAKER Leo M. (Address)	Jelghungs	24. Wes disease or injury In eny way related to occupation of deceased?	
(vaniess)	VI CANGE US	If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
J.4y5,1927	Peritonitis	3 days.ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 J. 4y 5, 1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

193

state

of OCCUPAplnoys

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	5665
1. PLACE OF DEATH			
County Symmetry	<i>†</i> .		2/1
		Registration Dist. No.	791
Village or City masses	in ma.	NoSI f death occurred in a hospital or institution, give its NAME instead of stree	t.,Ward
Length of residence in city or town where de	eath occurred 1 0 yrs mo	sds. How tong in U.S. if of foreign birth?yrs	and number)
0	VA 7. 1.		
2. FULL NAME James	of Cupus for	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or tow	n and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
mah coe	OR DIVORCED (quite the word)	mus. 30	, 193 7
5a. If married, widowed, or divorced	274	(Monthly (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I atte	ended deceased from
(or) with or		, 19, to	19
6. DATE OF BIRTH (month, day, and year	116 1927	l last sew h alive on, 19	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence	
- 8. Trade, profession, or perticular	ormin.	were es follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Burns V dutt	
	A		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	live my		
10. Date deceased last worked at	11. Total time (years)		
this occupation (month and year)	spent in this occupation		
me manual and a ma	0	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		*	
13. NAME Desses Con	atia		
Ŧ ma	0		
14. BIRTHPLACE (city or town)	X/	Name of operation Dat	
	3 0	What test confirmed diagnosis? Wes the	re an autopsy?
15. MAIDEN NAME Selvio	oyr.	23. If death wes due to external causes (VIOL ENCE) fill in elso the fol	llowing:
o 16. BIRTHPLACE (city or town)	f	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	•	Where did injury occur? (Specify city or town, county at	16
17 INFORMANT Neusrilla	Judian	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
(Address) mans	mo		
18. BURIAL, CARRATION, OR REMOVAL Place Requested	Marce left 1937	Menner of Injury Juffes - Juney In. Nature of Injury Besselved	me.
19. UNDERTAKER LES W	elghenan	24. Wes disease or injury in any way related to occupation of decease	nd?

Registrar.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MUREA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

OI IUI	uld sta	CCUP	
men	sho	of (
-WRITE FLAMELY, WITH UNFABING INA-INIS IS A FERMANENT ASSESS. EVERY ITEM OF INIT	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	
TUT	Y.	Ex	
KMANEN	XACTL	classified.	
IN A FE	stated E	properly	certificate
	be	pe	Jo :
I-VV	should	it may	on back
DING	. AGE	so that	uctions
UNFA	upplied	terms,	e instru
HH	lly s	plain	S
LAMELLY, W.	uld be carefu	F DEATH in 1	TION is very important. See instructions on back of certificate.
1	sho	E 0]	is v
T W KI	mation	CAUSI	TION

STATE OF MARYLAND-CERTIFICATE OF DEATH

-	10	10	6
1)	13	m	11
U	13	U	1

1. PLACE OF PEATH	(Ro)
County Annual	Registration Dist. No. 261
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
001	
2. FULL NAME OU ? Coustus	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH The state of Death 1937
5e. If married, widowed, or divorced	(Mouth) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
0	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and year) Jeff /3/930	I lest sew h; deeth is seld
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted above, atm.
8 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows: Date of onest
8. Trade, profession, or perticular kind of work done, es SPINNER,	
SAWYER, BOOKKEEPER, etc	(During)
work wes done, es SILK MILL Selvof by	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL Selvof SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupetion (month and year) occupetion	
12. BIRTHPLACE (city or town) DDD. (State or country)	Other Contributory Cansea of Importence:
	-
13. NAME Janes Couston 14. BIRTHPLACE (city or town) M. J. (State or country)	
(Stete or country)	Neme of operation
	What test confirmed diegnosis?
15. MAIDEN NAME Selia Porpo 16. BIRTHPLACE (city or town) 22 d. (State or country)	Accident, suicide, or homicide? Dete of injury19
16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT Humutta Andross (Address) museum mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CHEMATION, OR REMOVAL	Manualities T. O.L. of Land Land B.
Place Oracia Cometerate Cef 7, 1037	Menner of Injury Annual Comments
14 start 1	Neture of Injury - Louise
19. UNDERTAKER THES / Selfherace	24. Was diseese or Injury In any way releted to occupetion of deceased?
(Address), maying mg	If so, specify
20 FILED 5/31 137 Jurelia 12 Jainson	(Signed) Surgette villers
Registrar.	(Address) musica mo

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUKA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

241

-WRITE

1. PLACE OF DEATH		99	,	-
County Somerset		R	Registration Dist. No. 26	
Village or City Mt. Wern	10	O	st., rive its NAME instead of street and nu	war (war)
Length of residence In city or town where death of	occurred yrs 3 mos.	_ds. How long In U.S. if of fore	ign birth?mos	sd
2. FULL NAME George	Sidney &	Jashrell		
(a) Residence: No. Chary	(Usual place of abode) St.		If nonresident give city or town and S	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERT	IFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	DATE OF DEATH	May, 124	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.0		ERTIFY, That I attended d	decaased fro
108	W- (10/10, 27) Had	saw h ! My alive on De	1, to Dec 12 7	
6. DATE OF BIRTH (month, day, and year) / 8	7,10101	ve occurred on the date stated abo	7 1 8	, death is sa
4.3 3	7 \ l day,hrs. The I	PRINCIPAL CAUSE OF DEATH and		
Trade profession or particular	ormin. were	as follows:	' a asterio	Data of one
kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc.	ilor	I le Cast	2 in contract	mel
9. Industry or business in which work was done, as SILK MILL,				
SAW MILL, BANK, etc				
- I this occupation (month and	11. Total time (years) spent in this			
year)	occupation Othe	Contributary Causes of importance		
12. BIRTHPLACE (city or town) ha	up Ind	Mintelle	of 1041. Clail	of.
(State or country)	20:00			Paris
13. NAME Samuel S 14. BIRTHPLACE (city or town)	Joshiell			
14. BIRTHPLACE (city or town)	Name	e of operation	Date of	
(State of country)	What	test confirmed diagnosis?	Was there an au	utopsy?Z.C
15. MAIDEN NAME ferries 16. BIRTHPLACE (city or town)			VIOLENCE) fill in also the following:	:
16. BIRTHPLACE (city or town)	7/1/	lent, suicide, or homicide?	Date of injury	, 19
(State or country)	1. 11	re did Injury occur?(S	becity city or town, county and State	e)
17. INFORMANT AWELL OF CO.	speci	fy whether injury occurred in IND	USTON IN HOME, OF IN PUBLIC PLA	ICE.
(Address) 18. BURIAL, CREMATION, QR REMOVAL	time md			
/// 10.	- In all 12 1087	ner of injury		
19, UNDERTAKER Wale Wash	· Ab	re of injuryas disease or injury in any way rei	lated to occupation of deceased?	N.C.
		//		
(Address) Princess ann	If so	, specify	1201	

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	a fair	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 1" S.	July 5,1927	Peritonitis	3 days ago
	BURGALL			
Other contributory can			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	HER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

stat UPA	4 DI AGE OF	DIAIL C	/ WIAIX	ILAND	OLIVIII ION	TIL OI DE	.AIII	
	1. PLACE OF	DEATH	+		2 (5)	0)	0/2	/
should f OCC	County	good	sep	D	6)4	Registrati	ion Dist. No. 267	
short of O	Village or City_	rocou	ca lso	Certy.	death occurred in a hospita	N/ # I	St.,	Ward
× 00 ×	Length of residence	ce in gity or town where d	leath occurred	vrsmos			yrs	
AN	The second second	()	100	1000	0.4			
D. Ever SICIAN tatemen	2. FULL NAME	011				Veteran, specify WAR		
N K	(a) Residence:	No	(Usuai place	of abode)	St.,Ward		dent give city or town and	State
PHY ret si	PERSONAL	AND STATIST	CAL PARTI	CULARS	MEDIO	CAL CERTIFICA	TE OF DEATH	
RECO. T. PH Exact	375EX 4.	COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DE	EATH MAL		_
HI	Henere t	affered	OR DIVORCE	write the word)	*********	(Month)	7 73- (Oay)	., 193
TL TL ied.	5a. If marriad, widowad	er divorcad	10	1		(nioutu)	(Oay)	(1001)
NAANEN X A C T L classified.	HUSBANO of (or) WIFE of	2210	Van	Leo Od	22.) I HEF	REBY CERTI	FY That I attended	decaased from
ERM EX/ class	-		2 1	7/	all 44	~, 1920, to	1920	, 19/_
E E	6. DATE OF BIRTH (mor		low 1	record	I last saw h ali	ive on	200,19	; death is said
IS A PE stated E properly certificate.	7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the	date steted above, at 2	m.	
IS stat pro	chout	10		ormin.	were as follows:	Or DEATH end talated t	auses of importance	Onta of onset
be be lof c	8. Trade, profession kind of work SAWYER, BO	n, or particular done, as SPINNER, OKKEEPER, atc	Las. 1	in i a'ala	0	A	-/	
H		nose in which		accorde.	uners	io may	masi	1/24
Should it may n back	work was do	na, as SILK MILL, BANK, atc				·	,	
Sh sh	0 10. Data deceased la	ast worked at Lice	11. Total ti	ma (yaars) P '/				
	yaar)	on (month and)	S.4 occu	nt in this pation				-
A A C tion	12. BIRTHPLACE (city or	townsome	erset	Coo, 1	Other Contributory Caus			
d.	(Stata or country		april	apria				
NFADING plied. AGI rms, so tha	13. NAME	heat	Ple	elseur				
ない。	14. BIRTHPLACE (cit	ty or town)	ciers	ut les	Nama of operation		Oate of	
M → TO	(State or cou		ne	1,	Whet test confirmed dia	gnosis?	Wes there an	autopsy?
carefully in pla ortant.	置 15. MAIDEN NAME	Lon	I le	eou	23. If death was due to a:	xternal causas (VIOL ENC	E) fill in elso the followin	g:
he careful EATH in Finite important.	15. MAIDEN NAME 16. BIRTHPLACE (cit	ty or town)	1	1	Accident, suicide, or hor	micide?	Date of injury	, 19
A SE S	∑ (State of con			<i>(</i>)	Where did injury occur?	?		
	17. INFORMANT	eo H. No	e and s	0 21 1	Specify whether injury of	(Specify cit occurred in INDUSTRY, In	ty or town, county and Sta n HOME, or in PUBLIC PI	ite) LACE.
E PLA should OF D		comol	e Cert	y Ines				
P-3 20	18 BURIAL, CREMATION	, OR REMOYAL	7/11	- 01 7	Manner of Injury			
	entace	roffer	Date CVVV	716,195/	Nature of Injury			
WRIT nation CAUSI	19. UNOERTAKER	sume?	Sta	elle	(24. Was disaase or injury	y in any way related to or	ccupation of decaasad?	
I EOF	(Address)	Cours	Pro Car	In seed	If so, specify	1 >	ay	
m (20 FILED may 2	1937 1	w. Clair	Em Danie	(Signed)	DIM	muscal	M. D

ARGIN RESERVED FOR BINDING

Registrar. (Address) Oceanore If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
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Arteriosclerosis	mm: 4 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	'is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July5,1927	Peritonitis	3 days ago
Other contributory caus	ses of importance:	1-1-1-1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				211 0 0

should state of OCCUPA-

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
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-	10	10	(1
5	0	0	0

1. PLACE O	F DEAT	гн			(FO) (N)
County		nerset			Registration Dist. No. 270
Village or (City Ho	opewell			No St Ward
			ath occurred		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?
2. FULL NA	ME	Hazel	Ruth De	an	If U. S. Veteran, specify WAR
(a) Resider	nce: No	Tucke	r Hill (Usual place of	Va of abode)	St., Ward. If nonresident give city or town and State
PERSON	NAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	-	or race	s. single, Mari or Divorced Sing	RIED, WIDOWED, L(write the word)	21. DATE OF DEATH 27 (Month) (Dey) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divo	rced			22. HEREBY CERTIFY, Thet i attended decessed from
6. DATE OF BIRTH 7. AGE Ye	(month, dey	, and yeer) M	arch 21	1937	i last sew h elive on, deeth is said to heve occurred on the dete stated above, et,
7. AGE TE	ais	2	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
9. industry or work we SAW MI	work done, R, BOOKKEE business in as done, as S LL, BANK, e	as SPINNER, PER, etc which siLK MILL, stc ked at th and	11. Total ti	me (years) it in this pation	Busul — cremated. Coto. De burning building was involved.
12. BIRTHPLACE (c (State or cou		Tuck Virg	er Hill inia		Other Centributery Causes of importence:
13. NAME		Jose	ph Dean		
13. NAME 14. BIRTHPLAC	E (city or to	Wn)	er Hill		Neme of operation Dete of
(State o	r country)	Virg			What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NA	AME		1 Dunaw	ay	23. If deeth wes due to externel causes (VIOL ENCE) fill In also the following:
15. MAIDEN NA 16. BIRTHPLAC (Stete o	E (city or to or country)	wn) Virg			Accident, suicide, or homicide? Accident. Date of injury
17. INFORMANT (Address)			ph Dean er Hill	Va	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA	TION, OR R	removal ield	Date May	29 ,19 37	Manner of injury
19. UNDERTAKER (Address)		n A Brad sfield	shaw		24. Wes disease or injury in any wey releted to occupetion of deceased?
20. FILED MY	429	19.3.7	Nool	eulli- Registrar.	(Signed) Lucy 6 to collect M. D. (Address) marion mid

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Chronic interstitial apparities - EIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUN 77 1937			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



NOIL

19 UNDERTAKER (Address)

Jo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

if so, specify

24. Was disease or injury in any way related to occupation of deceased?

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Cerebral hemorrhage RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 5671
1. PLACE OF DEATH	23
County Struse	Registration Dist. No. 260
Village or City Princere annu	- No. 15-4:10 ## , St., 9 Ward
Langth of residence In city or town where death occurred 20 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
2 FILL NAMEDELLA P. Hanter	If U. S. Veteral specify WAR
(a) Residence: No. P-70 # /,	St 4. Ward Min les anne Ma
(Usual place of abode)	If nontesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR R RACE 5. SINGLE, WARRIED, WIDOWED, OR SIVORGED ("write the word)	21. DATE OF DEATH May 22 2, 193 (Month) (Day) (Péer)
5a. If married, widowad, or divorced	
(or) WIFE of J. Blair Hankein	22. I HEREBY CEATIFY, That I attended daceasad from
6. DATE OF BIRTH (month, day, and year) april. 26, 18	Saw h alive on 19 , to , 19 , ; daath is seld
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, 23.50 m.
58 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and raised causes of importance ware as follows:
8. Trada, profession, or particular kind of work done as SPINNER, SAWYER/BODD WORFER, etc	Juliumary Introductors
9. Industry of the investment work was done, as SILK MILE. SAW MILL, BANK, at c	In the second
10. Data deceased last worked this occupation (month and 936) 11, Total time (years) spant in his occupation (year)	
1 Westoner 1	Dther Contributary Causes of importance:
12. BIRTHP ACE (city or town) (State or country)	
13. NAME - 10 - 11 les .	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Name of operation 2000 Dete of
(State or count(s)	What test confirmed diagnosis? Aleka Amel Was there an autopsy? . K.
15. MAIDEN NAME LANCY E. SILIT	23. If deeth was due to external couses (VIDL ENCE) fill in also the following:
15. MAIDEN NAME LANGE OF THE STATE OF THE ST	Action suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL CHARATION, OR REPOVAL Con May 25,19.3	Manner of Injury
19. UNDERTAKER & Tholloway + 16.	24. Was diseesa or injury to eny way releted to occupation of deceased?
(Address) Salusland App a &	If so, specify
20. FILED V 23 , 1907 A VIIII Registrar.	(Signad) Prencies Clean hu
If more blade are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I, VED	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 8 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5, 1927	Peritonitis	3 days ago
The second secon	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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tem	sho	J.	
HITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
Evel	IA	me	
D. 1	SIC	tate	
OR	HY	t s	1
2EC		xac	1
T	Y.	M	1
EN	TI	ied.	
AN	AC	SSif	
RM	X	cla	
PE	H	rly	cate
A	ate	obe	tiff
SI	st	pr	cer
HIS	be	he	jo:
	pluc	may	ack
NK	sh	it	l uc
. D	GE	hat	ns
NIC	A	so t	ctio
FAI	ied.	ns,	tru
Z	ppl	tern	ins
H	sn	in 1	See
TTH.	ully	pla	نب
× .	ref	l in	tan
ILY	e ca	\TH	por
) E	d b	OE.	mi '
PL.	no	F]	N is very important. See instructions on back of certificate.
E	sh	EC	is
I	0	S	Z

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5862
1. PLACE OF DEATH	
County Cueras	Registration Dist. No. 260
Village or City Near Leans Creek	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city rown where death occurredmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clarence Alle	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 1. COLOR OR RACE OR BLYORCED (write the word)	21. DATE OF DEATH May 13, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Decidal Hotel	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 187/	I last saw II
7. AGE Years Months Days If LESS than 1 day, hrs.	Life t Kill Cit VF CVOOF Of DEWILL and leaded canges of unbolding
8. Trede, profession, or particular kind of work done, as SPINNER, Faru labore	were as follows: Date of onset
kind of work done, as SPINNER, Aru Laboru SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. JO. Date deceased last worked et Jo. Date deceased last work	Ho suntre of deart
To Date deceased last worked et this occupation (month end year)	than nettered care
12. BIRTHPLACE (city or town) May Condition (State or country)	Other Cantributary Canses of Importance: No more obtainables Carlon
II 13. NAME Yeary Hetch	
14. BIRTHPLACE (city or town) Dojenstand (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME NATE	23, If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or sountry)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) Watch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Commence Processing Strown Date May 16, 1987	Manner of injury
19. UNDERTAKER James J. Blumis (Address)	24. Was disease or injury in my way related to occupation of deceased?
20. FILED May 15, 1937 J Juith Augistra.	(Signed) M. D. M.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car. 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state Exact statement of OCCUPA. D. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

County Somers	et			Registration Dist. No. 262	2
		City, Md	•	RED#1	Ward
			(16	death occurred in a hospital or institution, give its NAME instead of street and	number)
				ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME	papy ve	ersey		If U. S. Veteran, specify WAR	
(a) Residence: No		(Usual place	- () 1 \	St., Ward.	1.6.
PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH	d Slale
	R OR RACE		RRIED. WIDOWED.	21. DATE OF DEATH	
male col	hered	OR DIVORCE	ED (write the word)	Way 4	, 193
a. If married, widowed, or divo				(Month) (Dey)	(Year)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended	deceased from
	3.6	4 305	217	, 19, to	,
DATE OF BIRTH (month, day	, ond year /	ay 4, 193		I lest sew h, alive on, 19	; death Is said
AGE Years	Months	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1			ormin.	were as follows:	Date of onset
8. Trade, profession, or pa	as SPINNER,				
SAWYER, BDOKKEE 9. Industry or business in	which	*****		stillborn	
kind of work done, SAWYER, BDOKKEE 9. Industry or business in work was done, es S SAW MILL, BANK, of 10s Date decased last work	SILK MILL,				
in Socoupation (in o	ked et nth and	SD	time (years) entin this		
year)		oc	eupation	Dther Cautributary Causes of importance:	
2. BIRTHPLACE (city or town)	Poco		7		
(State or country)		Md.			
13. NAME Austin					
13. NAME Austin 14. BIRTHPLACE (city or to			on	Name of operation Date of	
(State or country)		aryland		What test confirmed diagnosis? Wes there an	au'opsy?
15. MAIDEN NAME E1				23. If death was due to external causes (VIOLENCE) fill in also the followin	ig:
16. BIRTHPLACE (city or to	wn) One	ancock	*****************	Accident, suicide, or homicide? Date of Injury	, 19
(State of Country)		Virginia		Where did Injury occur? (Specify city or town, county and State)	
7. INFORMANT Aust				Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	LACE.
(Address) B. BURIAL, CREMATION, OR R	Pocomoke	City, Md	L. RR		
Place Christ I	A.E.Cem.	Date May	5 19 37	Manner of injury	
				Nature of injury	
9. UNDERTAKER AUS	tin Kers			24. Was disease or injury in any way related to occupation of deceased?	
	ocomoke	7 3 drag 3.1.3		If so, specify	

N. B.-WRITE PLA

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Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	1921	Run over by street car	1 week ago
Cerebral hemorrhage	. uly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	g/rabin
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	———
County Somerset	Registration Dist. No. 270
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth? yrs. mos. ds,
M . $\alpha + \alpha$	1 4
2. FULL NAME Mary (Lord)	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH (Moo(h) (Dey) (Yeer)
5a. If married, widowad, or divorced HUSBANO of	Q' XX
(or) WIFE of Bufus Lord	22. I HEREBY CERTIFY, Thet I attended deceased from 19.37, to 19.37
6. DATE OF BIRTH (month, day, end year) Soly 3 1861	I last saw h. R. aliva on
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the data stated above, et Z.S.I.A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
/ 1 } ormin.	were as follows: Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Corderal hornallage - may 6.
9, Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date decessed lest worked at this occupation (month and year) 11. Total tima (years) spent in this occupation occupation	
Paris dia Del	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Fields Dise	
13. NAME Hieldy Dige 14. BIRTHPLACE (city or town) Crishield	Neme of operation Quate of Qua
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Grace Sterling	23, if deeth was due to external ceuses (VIOLENCE) fill in elso the following;
16. BIRTHPLACE (city or town) Crisquell	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Mrs Frank Leeds (Address) alartic City	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAJION, OR REMOVAL Place Crisiste Com Date May 13, 1937	Manner of injury
Place May 13, 1937	Neture of injury
19. UNDERTAKER John I Gradshaw (Address) / Cristiels Mid.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO May 13,1937 le Clarling Registrat.	(Signed) S. M. Prey for M. D. (Address) Cristaled Vel.
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEDTIFICATE OF DEATH

Village or City. Action where death secured 3 5 yrs. In Complete of residence in city or town where death secured 3 5 yrs. In Complete of residence in city or town where death secured 3 5 yrs. In Complete of residence in city or town where death secured 3 5 yrs. In Complete of residence in city or town where death secured 3 5 yrs. In Complete of residence in city or town where death secured 3 5 yrs. In U. S. Veteran, security WAR. If U. S. Veteran, security War. MEDICAL CERTIFICATE OF DEATH Only MYRCED (wen't bowed) St. United Security WAR. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced with the security war. In Imarried, widowed, or diverced war. In Imarried,	1. PLACE OF DEATH	I MAKILAND	
Village or City Selection	County James	1	Registration Dist. No. 263
Length of residence in city or town where death focurred 3 0 yrs. Length of residence in city or town where death focurred 3 0 yrs. Mean and the control in a hospital or institution, my in NAME 2. FULL NAME (a) Residence: No. (b) Residence: No. (Cluid place of shoth) PERSONAL AND STATISTICAL PARTICULARS St. A. COLOR OR RACE S. SINCLE MARKET, WIDOWSD. S. LIM AND STATISTICAL PARTICULARS A. SIX 4. COLOR OR RACE S. SINCLE MARKET, WIDOWSD. OR DIVIPACES (crive to hove) Sa. If married, widowed, or divorced (cri) WIFE of the country		s House	
2. FULL NAME (a) Residence: No. (b) All place of shocks (c) Maplece of shocks (d) St. As Notice (d) Residence: No. (d) All place of shocks (d) Residence: No. (d) All place of shocks (d)		(II	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (b) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Length of residence in city or town where	death (ccurred yrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DUYNCED (on DUYNCED (on DUYNCED (onite the word)) 5. If married, widowed, or divorced (UUSNICE) 6. DATE OF BRTH (month, day, and year) 7. ACE Years Months Days 1 IL LESS than 1 day, hrs. 1 hr	2. FULL NAME JOVE	- · /maddox	If U. S. Veteran, specify WAR
3. SEX 4. COLOR OR RACE OR DIVENCED (wint they word) 58. If married, wildowed, or divorced (crivity) 59. In married, wildowed, or divorced (crivity) 50. Filter Married, wildowed, or divorced (crivity) 50. Filter Married, wildowed, or divorced (crivity) 50. Filter Married, wild	(a) Residence: No.	(Usual place of abode)	St. Qy, Wassel Ouch Perito 1 The 1
So. If married, widowed, or divorced HUSBAND or (Neght) (Neght	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
15. If married, wildowed, or divorced HUSBAND (or) WIFE of (or) WIFE o			Mey 3 7 193 /
HUSBAND of Cory WIFE of 5. DATE OF BIRTH (month, day, and year) 1. AGE Years Months Days If LESS than I day miss If day is instance of the date stated above, at 1 Agm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance ware as follows: Date of onest find of work done, as SPIN MR. SAW THE, BODKKEPFR, steffensor SAW MILL BANK, etc. 1. ASAM MILL BANK, etc. 2. Indettine on the dete stated above, at 1 2. Indettine on the dete stated above, at 1 2. Indettine on the dete stated above, at 1 3. Industry all yellow. 2. Asam of oparation. 2. Date of importance. 2. Indettine on the dete stated above, at 1 3. Industry all yellow. 4. Asam of oparation. 4. Asam of oparation. 5. Date of oparation. 5. Date of oparation. 6. BIRT	ia. If married, widowed, or divorced	-	(Merch) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. Years Months Days 11 LESS than 1 day. hrs. or. min. 8. Trade, profession, or particular SAWYER, BOOKKEPER, accountry North was done, as SILK MILLS SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Trade, profession, or particular war as follows: 19. Trade, profession, or particular war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance war as follows: The PRINCIPAL CAUSE OF DEATH and releted causes	HUSBAND of		
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D. Date deceased last worked at this occupation (month end year). Casepit in this occupation (month end year). Casepit in this occupation (State or country).	SAWYER, BOOKKEEPER, atc.	mode	Jackenie Keleener Tuly
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(State or country) 13. NAME			Other Contributory Causes of Importance:
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f6. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Place Injury (Address) Place Injury (Address)	15 MAIDEN NAME	227	
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Place Charles County County County and State) Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) A. A	I I I I I I I I I I I I I I I I I I I		
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) One Office Place.	6. BIRTHPLACE (city or town)		
(Address) A Come M. H. f8. BURIAL, CREMATION, OR REMOVAL Place Common C	(State of County)	2 b	(Specif City of town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Charge Convenience Mary 3, 19-37 Nature of injury Nature of injury Nature of injury 19. UNDERTAKER 2 has a second of date as a second of date		players	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Almer Learne Constitute May 19.3 Nature of injury 19. UNDERTAKER This May Constitute May 19.3 Nature of injury in any way related to occupation of daceased? 24. Was disease or injury in any way related to occupation of daceased? If so, specify 20. FILED May 19.5 To Stipping On The Constitution of May 10.0 (Signed) Registrar. (Address) Jakob Constitution of May 10.0 (Address) Jakob Constituti		V 11.4.	
19. UNDERTAKER 2 hrs. M. Jan R. 24. Was disease or injury in any way related to occupation of daceased? 24. Was disease or injury in any way related to occupation of daceased? 25. If so, specify 20. FILED May 1. S., 195 Jr. Stiffley. O. Toffer (Signed) July (Address) Jul	011 71 0	who my 3 10.31	Y
20, FILED MS 1, S., 195 % Stephone, O. Holes, (Signed) flee Bylleely M. D. (Address) fittles Court, Sub-	Tiour Contract of the Contract	1-11-	Nature of injury
20. FILED May 3, 185 To Styling O. Holen (Signed) files Polling M. D. Registrar. (Address) fatheres Course, Sur	//-	Ranges	24. Was disease or injury in any way related to occupation of daceased?
20. FILED MED 1 19-16 Court 100 6	(Addyess) Dr. Christol	RT.T. TOTA	If so, specify DO
Registrar. (Address) - Attbletes - Clause, Sur 6	20. FILED / 1857, 1857, Se	They, O. Hopkin	
			process con figure

V. S. No. 1

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
HURBAU V. S.			
Other contributory causes of importance:	- (a a -= 16)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5674
1. PLACE OF DEATH	(101)
County Joseph	Registration Dist. No. 268
Village or City Week Selow	NoSt.,Ward
Length of residence In city or town where death occurred 12 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsds.
2. FULL NAME Laves alost Mil	loures.
	To The way
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ON DIVORCED (write the word)	21. DATE OF DEATH 6 / 0 193
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
Not 22 160	5 1.0 , 19.3 , to May 10 , 196
6. DATE OF BIRTH (month, day, and year)	1 last saw harmon alive on 196 /; death is safd
7. AGE Years Months Oays If LESS than 1 dey,hrs.	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
min.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et	91. 0.0 5104
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Sursup Wounds
SAW MILL, BANK, etc.	of La o Occidental Current
10. Date decessed last worked et this occupation (month and 5/10/3 spent in this year) spent in this	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: - Patient use dead , an physician's arrivale.
(State or country)	- within twenty minutes after he had reasing
13. NAME TO LESS THE CONTRACTOR OF THE CONTRACTO	-Id the salla
13. NAME 13. NAME 14. BIRTHPLATE (city or town) 14. BIRTHPLATE (city or town) 15. Called	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME LOUIS THE CHARLE (city or town). Merry louis	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accidents Date of injury 19
(State or country)	Where did injury occur? Deals Islands Soverset County manufands. (Specify city or town, county and State)
17. INFORMANT Melbauer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	
Place Dies Island Date May 17, 19.3	Manner of Injury
19. UNDERTAKER ASUE LOS SEV.	24. Wes disease or injury in eny way related to occupation of depeased?
20, FILEO Way 1/ 19 \$7 Rosa Welster	If so, specify (Signed) MAC
Registrar.	(Address) See Soler J. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 3	Example II	
The principal cause of death and related causes of importance were as follows: C E Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephriles WIN 5 1836	1913	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
BUREAU V.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

1. PLACE OF DEATH	(39)
County Down Was	Registration Dist. No. 2 4 7
Village or City DAMES QUARTER, MD.	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME Namelles Indan	1 M L N M. Musi
(a) Residence: No.	St.// Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAY 3 1 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. WAY1 HE ROEBY CERTITY. That I attended deceased from
MAY 21 1003	, 19, to
6. DATE OF BIRTH (month, day, and year)	I last saw har alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
orAnial.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Munaum 10MM
SAWYER, BODKKEEPER, etc	about four o.)
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at 11. Total time (years)	
o this occupation (month end spent in this year) occupation	
12. BIRTHPLACE (city or town) DAMES QUASTER 45	Other Contributory Causes of importance:
(State or country)	Course of Miles
13. NAME AND DA PS Magain	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Neme of operation
[State or country]	What test confirmed diagnosis?
I 15. MAIDEN NAME MONTH TOTAL	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME MACHINE TOOM 16. BIRTHPLACE (city or town) A MES QUARTER, MD;	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT PRINTING & Ming.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION OF REMOVAL, MO. MAY 31 1937	Menner of injury
191175 651	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Deal John M.	If so, specify
May 31 . 37 Ms o W. S. Wille	(Signed) D. J. Duw Row M. D.
20. FILED	(Address) CHANCE, MD

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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		Example II	
th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
and the second second second	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
HECEIAL	July 5,1927	Peritonitis	3 days ago
JUN 5 1997			
of importance: V.	S.	Other contributory causes of importance:	
	May 1, 1923	Gastroenteritis	1 year
7	RECEIVE JUN 5 1937	ws:	of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

PHYSICIANS should state

item of infor-

of OCCUPA.

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

.-WRITE PLA

V. S. No. 1

	1. PLACE OF DEATH	1948
	County Soundail	Registration Dist. No. 2 6 7
	Village or City DAMES QUARTER, MD.	No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?
	2. FULL NAME / Mansh	1 auf
	(a) Residence: No.	St., Ward.
girth.	PERSONAL AND STATISTICAL PARTICULARS	II nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
1	SEX 4 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORCED write the word)	Probably (Month) 28 ,193 y (Year)
58	a. If married, widowed, or divorced HUSBAND of	22. THEREBY CERTIFY. That I attended deceased from
_	(or) WIFE of arrivant	19 19 19 19 19 19 19 19 19 19 19 19 19 1
6	DATE OF BIRTH (month, day, and year)	Mast saw h elive on 19 ; death is said
0 -	AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
	7 7 abyun 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	1 & Tada aratagian as austigutas	were as follows: Draws de alland. 1 Date of one of
TION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Out Horadon delash was
PA	9. Industry or business in which work was done, as SILK MILL,	The Fred Garden
noo	SAW MILL, BANK, etc	from harvay const
ŏ	11. Total time (yeers) this occupation (month and year) year)	Reglect - lack of cares cuto R
	A / - /	Other Contributory Canses of Importance:
13	2. BIRTHPLACE (city or town) (State or country)	To the and atother
ER		12000 and regard
ATHE	13. NAME CAMPANONN	No anore obtainable of
FA		Name of operation
~	(State or country)	What test confirmed diagnosis? Wes there an autopsy?
出出		23. If death wes due to external causes (VIOLENCE) fill In also the following:
MOT	16. BIRTHPLACE (city or town) ANDROGEN	Accident, suicide, or homicide?
	(State or country)	Where did injury occur? (Specify city or town, county and State)
	7. INFORMANT (Address) Danie Anox D	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
13	8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
-	Place Domes & World Bate May 39 ., 1937	Nature of injury
1	9. UNDERTAKER ARE DE Shipter (Address) Deals Inland Ind	24. Was disease or injury in any way related to occupation of deceased?
2	O. FILED May 29, 1937 MBR W. S. Kully Registrar.	(Signed) (Address) M. D. A.
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	10 (2.5)
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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Example I	-3	Example II	
The principal cause of death and related causes of importance were as follows:	3 4	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. K			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

p= 4	70	+ Ay	my	
0	0	1	6	

2.	FULL NAME (a) Residence: No.	Lillian	Ruth	The	TT	If U. S. Veteran, specify WAR		
	(a) Residence: Np.	TUCKE	(Usual	I place of		St., Ward.	ent give city or town a	nd State
	PERSONAL A	ND STATIST	TICAL PA	ARTIC	ULARS	MEDICAL CERTIFICAT	TE OF DEATH	
3. SE		or or race	5. SINGLE, OR DIV	MARRI ORCED (NGL C	ED, WIDOWED, (write the word)	21. DATE OF DEATH (Month)	2 7 (Day)	, 193 (*Tear)
5a. I	f married, widowad, or d HUSBAND of (or) WIFE of	vorced				22. HEREBY CERTI		
6. D	ATE OF BIRTH (month,	fay, and year)	? ?	70	931	1 last saw h alive on		
7. AC		Months	Oay		If LESS than 1 day,hrs.	to have occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and related of ware as follows:		
ATION	8. Trade, profession, or kind of work dor SAWYER, BOOKK 9. Industry or business	é, as SPINNER, EEPER, etc in which	Non	e	ormin,	Burne		
0	8. Trade, profession, or kind of work dor SAWYER, BOOKM 9. Industry or businass work was dona, a SAW MILL, BAN1 10. Data daceesed last v this occupetion (r yaar)	é, as SPINNER, EEPER, etc in which s SILK MILL, (, etc vorked at nonth end	11.1	Total timespent	e (yaars) In this	Other Contributory Causes of Importance:		
DOSO	8. Trade, profession, or kind of work dor SAWYER, BOOK 9. Industry or businass work was dona, a SAW MILL, BAN 10. Data daceesed last v this occupetion (r	é, as SPINNER, EEPER, etc in which s SILK MILL, (, etc vorked at nonth end	r Hill	Total timespent	e (yaars) In this	Other Coutributery Causes of Importance:		
12. [8. Trade, profession, or kind of work dor SAWYER, BOOKK 9. Industry or businass work was dona, a SAW MILL, BANI 10. Data daceesed last this occupetion (ryaar)	é, as SPINNER, EEPER, etc in which s SILK MILL, (, etc vorked at nonth end	r Hill	Total timespent	e (yaars) In this	Other Contributory Causes of Importance:	- A	
HER OCCU	8. Trade, profession, or kind of work dor SAWYER, BOOKM 9. Industry or businass work was dona, a SAW MILL, BANI 10. Data daceesed last very this occupetion (in year)	e, as SPINNER, EEPER, etc in which sSILK MILL, c, etc vorked at nonth end Tucke Unkn town)	r Hillinia	Total times spent occups	e (yaars) In this ation	Other Coutributery Causes of Importance:	Dete of	
FATHER 21	8. Trade, profession, or kind of work dor SAWYER, BOOKM 9. Industry or businass work was dona, a SAW MILL, BAN 10. Data daceesed last vihis occupetion (ryaar)	e as SPINNER, EEPER, etc in which sSILK MILL, (, etc	r Hillinia own	Total time spent occups	e (yaars) In this ation	Other Contributory Causes of Importance: Name of operation	Dete of	in autopsy?
THER FATHER	8. Trade, profession, or kind of work dor SAWYER, BOOKS 9. Industry or businass work was dona, a SAW MILL, BANI 10. Data daceesed last this occupetion (ryaar) BIRTHPLACE (city or tow (State or country) 13. NAME	e, as SPINNER, EEPER, etc in which sSILK MILL, corked at nonth end Tucke Virg Unkn town) Ros	r Hillinia	Total time spent occups	e (yaars) In this ation	Other Contributory Causes of Importance: Name of operation	Dete of	in autopsy?
MOTHER FATHER	8. Trade, profession, or kind of work dor SAWYER, BOOKM 9. Industry or businass work was dona, a SAW MILL, BAN! 10. Data daceesed last this occupetion (ryaar) BIRTHPLACE (city or tow (State or country) 13. NAME 14. BIRTHPLACE (city or Country) 15. MAIDEN NAME 16. BIRTHPLACE (city or	e as SPINNER, EEPER, etc. in which sSIK MILL, (, etc. n) Tucke Virg Unkn town) Ros town) Vir Ros Tucke	r Hillinia own " e Thor	Total time spent occups I masc ill masc	e (yaars) In this ation	Other Coutributery Causes of Importance: Name of operation	Dete of Dete of Was there e	in autopsy?

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
J My 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		Tues of the
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

-WRITE PLA

V. S. No. 1

1. PLACE O				(N ^D)	
County	Somerset			Registration Dist. No. 270	
	City Hopews	77	(lf		_Ward
2. FULL NA	IAI E	am Thoma		If U. S. Veteran, specify WAR	
(a) Resider	nce: No. Tucker	(Usual place	Va of abode)	St., Ward. If nonresident give city or town and State	V
PERSON	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE Sing	RRIED, WIOOWED, ED (write tha word)	21. DATE OF DEATH (Month) (Oay) (Y	ear)
5a. If married, widow HUSBANO of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I attended decease	
	(month, day, end year) pars Months	? ? Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, st2.30 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
kind of SAWYER 9. Industry or work was SAW MI 10. Date decaa: this occi	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	937 11. Total	time (years) ent in this	Burned.	
12. BtRTHPLACE (c (State or cou	city or town)	ker Hill zinia		Other Cantributory Causes of Importance:	
₩ 13. NAME	Unka	nown			
	E (city or town)	···-††		Nama of operation Oata of Was there an autopsy	
	E (city or town) Tucl Virg	Thomas ker Hill ginia e Thomas cker Hil	son	23. If death was due to external causas (VIOLENCE) fill In elso the following: Accident, sulcide, or homicide?	9
18. BURIAL, CREMA	ATION, OR REMOVAL		ıy 29 _{,19}	Manner of Injury Anna Australy 7 Nature of Injury	<u>Ú</u>
19. UNOERTAKER - (Address) 20. FILEO	John A Br Crisfie		ullins Rojetar	24. Was disease prinjury in any way related to occupation of daceased? 16 so, spacify (Signed) (Address) 1 and 2000	. M. I

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 7 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

· Miles

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V. S. No. 1 N. B.—I

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5679
1. PLACE OF DEATH	107-0
County Samuel WITHI	N CORPORATE LIMIT Registration Dist. No. 265
Village or City Countelly	No. St., Ward
(If Length of residence in city optown where death occurredyrs.4mos	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
1 6 6 14 11	
2. FULL NAME Ausau a. M. Just	If U. S. Veteran, specify WAR
(a) Residence: No. Custella, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH
3. SEX 1 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May gth (Near)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Jules	22. I HEREBY CERTIFY, That I attended daceased from
01:00 th 1868	1937, to May 8 20, 193?
6. DATE OF BIRTH (month, day, and year) Light 22 /000	to have occurred on the date stated above, at 250 Am.
40 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trada, profession, or particular	ware as follows:
kind of work done as SPINNER, Nouseheeper	Browder premi
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked at 11. Total tima (years)	
10. Date decaased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	
1.0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Myverdel Ludius
13. NAME Paul atkins Vayne	
13. NAME Paul Citrius Varne 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmed diagnosis? Olssing Was there an autopsy?
15. MAIDEN NAME Lally and Adams 16. BIRTHPLACE (city or town)	23. If death was due to axternal causas (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Cashella Mary	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Let Delevo Churchyand Date May, 9th 1937	Manner of injury
19. UNDERTAKER S. S. Lawooh	24. Was disease or injury in any way related to occupation of deceased?
(Address) Crestield, Md.	if so, specify
20. FILED May 9, 190 / 6 & Collins Registrar.	(Signad) M. D. (Addrass) Caraful (700)

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1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

should state oxD. Every item of inforof OCCUPAstated EXACTLY. PHYSICIANS Exact statement UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED AGE should be mation should be carefully supplied. LY, WITH -WRITE

V. S. No. 1

1. PLACE OF DEATH County Som like	. +	117-21	1 7 ~
			410
Village or City (rusf	celd	ND. death occurred in a hospital or institution, give its NAME instead of	_St.,Ward
Length of residence in city or town where		ds. How long In U.S. if of foreign birth?yrs.	
2. FULL NAME Wate	is Tull	If U. S. Veteran, specify WAR	
(a) Residence: No. Mas	ion- Md.	St. Ward.	
	(Usual place of abode)	If nonresident give city or	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DE	EATH
. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
m	Married	(Month) (Day)	(Year)
If married, widowed, or divorced HUSBAND of	of 00	22. HEREBY CERTIFY, That	attended deceased fro
(or) WIFE of Elsie	Jull	my 8 ,1937, 10 mg/	
DATE OF BIRTH (month, day, and year)	ukertonn	I lest saw h eilve on	
. AGE Years Months	Deys If LESS than	to heve occurred on the date stated above, at	
39	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of import	Date of ones
8. Trede, profession, or perticular	ot .	Clerk & 2 1 Hart	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Farmer	Central'	70
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
1D. Date deceased last worked et	11. Total time (years)		
this occupation (month and year)	enent in this		
Wa.	rin	Other Contributory Causes of importance:	0 2200
2. BfRTHPLACE (city or town) /// (Stete or country)	md	where better for	lead my
13. NAME Fred	Tull	0	
13. NAME And	arsonvile	Name of operation states of Ruly 1	Date of many & 3
(State or country)	ml	What test confirmed diegnosis?	/ -
15. MAIDEN NAME Berth	a Willer.	23. If death was due to externel causes (VIOL ENCE) fill in also th	
15. MAIDEN NAME Bestly 16. BIRTHPLACE (city or town)	ng Island	Accident, suicide, or homicide? Date of Inju	
(State or country)	/ n.y.	Where did Injury occur?	
7. INFORMANT Elsie	Tull	(Specify city or town, cour Specify whether Injury occurred in INDUSTRY, in HDME, or fn F	oty and State) PUBLIC PLACE.
(Address) Ma	rion, Md		
8. BURIAL, CREMATION, OR REMOVAL	W	Menner of injury	
Piace St. Pauls Cer	L. Date May 14, 1937	Neture of injury	
19. UNDERTAKER Army a	Bradshaw	24. Was disease or injury in any wey related to occupation of dec	ceesed?
(Address) / Crist	ield Md.	If so, specify	
20. FILED Man/4/1937	6 6 boeen	(Signed) Level 6 6 Gruller	M.
	Registrar.	(Address) - Sucies 22	cap.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis CEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 7 1937	July 5,1927	Peritonitis	3 days ago
Other contributors causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 3081
County Jomerset	Registration Dist. No. 264
Village or City Lawmount	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME KILLEN STEAMY (v wer
(a) Residence: No. 44 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 08 DIVORCED (prize the word)	21. DATE OF DEATH MAN /2
Made Taltack Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERT1FY, That I attended deceased from
(or) wire of	
6. DATE OF BIRTH (month, day, and year) There 21 - 1937	I last saw harman alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at _/m.
→	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, HOWE SAWYER, BOOKKEEPER, etc.	to more ital Delili
9. Industry or business in which	12xxxquracco rotorcing
work was dona, as SILK MILL, SAW MILL, BANK, etc	(7 Months)
this occupation (month and spant in this	
yaar) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Common 12.	
(State or country)	
14. BIRTHPLACE (city or town). Princess anne	
14. BIRTHPLACE (city or town) Princess Links	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TOSIC & Lizabeth Waters 16. BIRTHPLACE (city or town) Frankmont	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State on Jountry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hawworth ind	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVAL 1 0	Manner of injury
Place Offilennial Cemoate May 13, 193	Nature of injury
19. UNDERTAKER PORTE Maters acting (Address) Thousand Maters acting	24. Was disease or injury in any way related to occupation of deceased?
Man 12 27 18 Air Day	(Signed) J. C. Wickinson Local Region
20. FILED May /3 195/ 19 6 NICTURSON	(oilling)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I VED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5682
1. PLACE OF DEATH	(22:0) n/1
County Dominat	Registration Dist. No. 264
Village or City Westoner Incl	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
76.04'	CA CONTRACTOR OF THE CONTRACTO
2. POLE NAME	1 0. S. Veterall, Specify WAR.
(a) Residence: No. (Usual place of a bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 74.
Male negro OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5e. If merried, widowed, of divorced	1
HUSBAND of Jaura Waters	22. I HEREBY CERTIFY That I ettended decessed from
man 1 20-186	l lest saw and alive on May 2 1937; death is seid
6. DATE OF BIRTH (month, day, end yeer)	to have occurred on the date steted above. of 1205 k.m.
7/ / / 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importence
8 Trade profession or particular 0 10	were as follows:
kind of work done, es SPINNER, Saulor SAWYER, BOOKKEEPER, etc.	Christ hemostinge 4/20/3-
Industry or business in which work was done, as SILK MILL, Sauleur) SAW MILL, BANK, etc.	/
)
this occupation (month and 1919 spent in this occupation)	<u> </u>
FOUND	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	PC. 0 Holde D. D. J. J. Houte
	I william of the page of body 1120/
E 77.1	Nome of a section
[Stete or country]	Name of operation
# 15. MAIDEN NAME Welker Walter	23. If death wes due to externel causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) — Farmount Tuf	Accident, suicide, or homicide?
Stete or country)	Where did Injury occur?
17. INFORMANT Emma Dean	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Crisfield ma	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece	Neture of injury
19. UNDERTAKER Herbert S. Wilson	24. Was disease or injury in any wey releted to occupation of deceesed? Zwo
(Address) lipper Hill, Moly	If so, specify
20. FILED May 5-, 1987 HE Dickinson	(Signed) M. D.
Registrar.	(Address) 509 W, Md flux, Child

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 4 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	0	3	\simeq	
	WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECEAD. Every item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 5864
1. PLACE OF DEATH	(g)
County Somersot	Registration Dist. No. 260
Village or City Trincess Anne	NoSt,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Garoling Wright	If U. S. Veteran, specify WAR
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3, 193 7, (Month) (Dev) (Year)
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Dey) (Year)
(or) WIFE of Alex wright	22. I HEREBY CERTIFY, That I attended deceesed from A pril 1935 19 to 77194 3 1937
6. DATE OF BIRTH (month, day, and yeer) 18 4 5 - Mar. 2	I last saw h_22 elive on TT/04 3 / 19.3.7; deeth is said
7. AGE Yeers Months Days If LESS then	to have occurred on the dete steted above at 3:090 m.
92 1 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH, and releted ceuses of Importance
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Deta decaased last worked at this occupetion (month end 1936 spent in this 65 per section).	Paraly Dis
12. BIRTHPLACE (city or town) Somorset County (State or country)	Other Contributory Causes of Importance: Change Destorstial Nephritis 1935
13. NAME Seorge It. Shioles 14. BIRTHPLACE (city or town) Somerset Co.	27.50
14. BIRTHPLACE (city or town) Somerset Co.	Name of operation
(State of country) TET ory 10 mg.	What test confirmed diagnosis?
15. MAIDEN NAME Unidado Como 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of injury, 19
(Stata or country)	Where dld injury occur?
17. INFORMANT Leven I Ling (Address) Press SS Amno Tib	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	Manner of Injury
Plece Welley Com Data May le , 1937.	Neture of Injury
19. UNDERTAKER James J, Welseis	24. Wes disease or injury In eny wey releted to occupation of deceesed? If so, specify
20. FILED May 5, 1937 Smith	(Signed) Oldone of January M. D. (Address) Prince of Quine of Quine

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. s.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis / P	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis 8 1933	1 year
		7	